

## REPORT OF INCORRECT DRIVER LICENSE RECORD

## DMV FIELD OFFICE USE ONLY

NAME			DRIVER LICENSE NO.	
ADDRESS		CITY	STATE	ZIP CODE
RESIDENCE ADDRESS (IF DIFFERENT F	FROM MAILING ADDRESS)			
DAYTIME TELEPHONE NO.	DATE OF BIRTH		VEHICLE LICENSE NO.	
<u>(</u> )	Mo. Day	Year		
	INSTRUCTIONS FOR	COMPLETING THIS	S FORM	
<u>-</u>	rect possible errors on your driving li cions). Please explain the error brie	-	for law enforcement reported	d traffic collisions (use
Mail the completed form to	the following address:			
	Mandato P.O. Box 9 Sacramento	of Motor Vehicles ry Actions Unit 042890 M/S J233 o, CA 94290-0001 o) 657-6525		
☐ I was not charged or con	victed of the citation(s):			
Date	Section Violated	C	Court	State
I did not violate a written	promise to appear in court as prov	vided in Section 4050	9 of the Vehicle Code:	
Date	Section Violated	C	Court	State
Other pertinent information				
or recorded in any public office this state or of the United State I certify under penalty of periods.	tates every person who knowingly ce within this state, which instrumentes, is guilty of a felony.  erjury under the laws of the State and extender stood all instructions and we	nt, if genuine, might b	e filed or registered, or reco	rded under any law of ue and correct. I also
Signature X			Date	
	FOR DMV FIELD OFFICE A			
Action taken by:	V Field Office 🔲 Headquarters	s, Sacramento		

WE TRY NOT TO MAKE MISTAKES, BUT IF WE HAVE MADE A MISTAKE, WE WILL BE GLAD TO CORRECT IT.

Other \_\_\_\_\_